



HE+ Furnace Program Agreement

Weatherization Agency		Client		Furnace Contractor	
Name		Name		Name	
Phone		Phone		Phone	

Please check the appropriate response, sign and date this form.

- ☐ I consent to a heating system replacement. I understand I will be required to surrender my old heating system and allow a Furnace Program staff member to enter my home for a final safety and performance inspection following completion of the installation. If further furnace work is required to comply with safety standards and performance specifications, I agree to allow the contractor to perform the work and a follow-up inspection to take place. I further agree to allow the State of Wisconsin, Department of Administration and/or its designee to enter my home to conduct a quality assurance inspection of work performed.

- ☐ I decline the heating system replacement. (*Please indicate why.)

Client Signature: _____ Date: _____

Printed Name: _____

Contractor Signature: _____ Date: _____

Printed Name: _____